	plication or Docket Nu							nber
PATENT APPLICATE	ON FEE DETERI		RD	0	9:19:	3 <u>7.</u>	83 9	
CLAIMS AS FILED - PART I			SMALL ENTITY			OTHER THAN		
OTAL 01 ANA	(Column 1)	(Column 2)		TYPE [\supset	OR	SMALL	ENTITY
OTAL CLAIMS				RATE	FEE		RATE	FEE
OR	NUMBER FILED	NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	90.09B
OTAL CHARGEABLE CLAIMS	19 minus 20=			X\$ 9=		OR	X\$18=	
IDEPENDENT CLAIMS	minus 3 =	1 4		X40=		OR	X80=	320
ULTIPLE DEPENDENT CLAIM	PRESENT			+135=		1		000
If the difference in column 1	s less than zero, ente	er "0" in column 2	. !	TOTAL		OR	+270=	
- CLAIMS AS	AMENDED - PAF	et II		IOIAL		OR		TUAN
Column 1		umn 2) (Column 3)	i	SMALL	ENTITY	OR	OTHER SMALL	
CLAIMS REMAINING AFTER AMENDMENT Total Independent	HIG NUI	HEST WBER PRESENT	1	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMEN		O FOR			FEE		11116	FEE
Total • 300	Minus ••	0 = 16		X\$ 9=		OR	X\$18=	200
Independent • T	Minus *** 4	# = 0	l	X40=		OR	X80=	
· · · · · · · · · · · · · · · · · · ·	MOCHI EL DEI LINDEN	,	, [+135=	-	OR	+270=	•
			L	TOTAL		OR	TOTAL	
E. Colombia				VDDIT. FEE		Un ,	ADDIT. FEE	
(Column 1)		ımn 2) (Column 3) HEST	1 6		4224	1		
REMAINING AFTER AMENDMENT Total • 36 Independent •		MBER PRESENT		RATE	ADDI- TIONAL		DATE	ADÍ)I- TIONAL
AFTER AMENDMENT		OFOR EXTRA	1	MAIE	FEE		RATE	FEE
Total - 36	Minus 3		1 1	X\$.9=	166	OR	X\$18=	1 6-6-
Independent -	Minus ***	7 =	N					`
FIRST PRESENTATION OF	MULTIPLE DEPENDEN	TCLAIM	1 F	¥40=		OR	X80=	
•				+135=		OF	+270=	
1. 10/1		4	A	TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE	
114/04 (Column 1)	(Colu	ımn 2) (Column 3)						
CLAIMS		HEST	1 г		ADDI-		·	ADDI-
REMAINING AFTER AMENDMENT Total Independent		MBER PRESENT EXTRA	П	RATE	TIONAL		RATE	TIONAL
AMENDMENT		FOR	1		FEE		,	FEE
Total • 🗸	Minus •• 3(0	H	X\$ 9=		OR	X\$18=	ï
Independent - L	Minus ••• /	=]	X40=	\rightarrow	1	X80=	
FIRST PRESENTATION OF	MULTIPLE DEPENDEN	IT CLAIM	ł F			OR'	700-	
			7	¥135=		OR	+270=	
If the entry in column 1 is less than			. L	TOTAL			TOTAL	
* If the "Highest Number Previously **If the "Highest Number Previously	Paid For IN THIS SPACE	is less than 20, enter "20.	· A	DDIT. FEE		OR	ADDIT FEE	
The "Highest Number Previously F	Paid For" (Total or Independent	dent) is the highest number	er four	nd in the app	ropriate box	in col	umn 1.	